

**ACKNOWLEDGMENT OF NOTIFICATION AND COUNSELING**  
**Election to Appear**

I \_\_\_\_\_ acknowledge notification of my pending MMRB. I hereby  
(Rank, First In, Last Name)  
acknowledge receipt of this notification and will be present for the MOS/Medical Retention Board  
(MMRB) at time, place in BDUs.

\_\_\_\_\_  
(Initials)

I understand that \_\_\_\_\_

- (a) I am electing to appear before the MMRB.
- (b) Retention by the MOS/Medical Retention Board does not exempt me from meeting the physical requirements for attendance to military education schools (NCOES).
- (c) Attendance at NCOES is a prerequisite for promotion to the grade of E-5 through E-9.
- (d) If my medical condition precludes me from meeting the requirements for my next level of NCOES, I will not be promoted to the next higher grade.
- (e) I desire to be (Check one):
  - \_\_\_\_ Retained in current PMOS
  - \_\_\_\_ Reclassified to another MOS
  - \_\_\_\_ Referred to the PEB

\_\_\_\_\_  
(Soldier's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Counselor's Signature)

\_\_\_\_\_  
(Counselor's Printed Name)